

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
CALIFORNIA EMERGENCY DEPARTMENT AND  
AMBULATORY SURGERY DATA REPORTING MANUAL,  
MEDICAL INFORMATION REPORTING FOR CALIFORNIA, FIRST EDITION  
For Encounter Data occurring on or after January 1, 2005**

**PRINCIPAL PROCEDURE**

**Section 97262**

*The patient's principal procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk. The procedure related to the principal diagnosis, as the chief reason for the encounter, shall be selected as the principal procedure. The procedure shall be coded according to the Current Procedural Terminology, Fourth Edition (CPT-4).*

**DISCUSSION**

Specifications for reporting this data element with the Record Entry Form for online web entry of individual records or online data file transmission for encounters occurring on or after January 1, 2005:

<b>12. PRINCIPAL PROCEDURE</b> CPT-4 CODE <table border="1" style="margin: 0 auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

**Reporting Requirements:**

Ambulatory surgery procedures means those procedures performed on an outpatient basis in the general operating rooms, ambulatory surgery rooms, endoscopy units, or cardiac catheterization laboratories of a hospital or a freestanding ambulatory surgery clinic. (Section 128700 of California Health and Safety Code)

- A Principal Procedure must be reported on each Ambulatory Surgery record.
- Fill from the left-most position and do not skip fields.
- The full range of CPT-4 codes should be used to report ambulatory surgery procedures performed. Category II CPT-4 codes are optional and are not accepted by OSHPD. Modifiers are not accepted by OSHPD.
- Other Procedures will be blank if no Principal Procedure is reported.

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Healthcare Common Procedure Coding System (HCPCS)			
	Terminology	Codes	For OSHPD
<b>Level I</b>	"CPT"		
	Category I	00001-99999	Report
	Category II	0001F-9999F	Do not report*
	Category III	0001T-9999T	Report
	Modifiers	-00 thru -99	Do not report*
<b>Level II</b>	Terminology	Codes	For OSHPD
	"National Codes" or "HCPCS"	A0000-V9999	Do Not Report*
	Modifiers	-AA thru -ZZ, -A thru -Z, and -A1 thru -Z9	Do Not Report*

\* "Do Not Report" will cause an error, if reported to OSHPD.

Three categories within HCPCS Level 1 CPT-4 codes are:

1. Category I CPT-4 codes, established by the CPT Editorial panel, are required for reporting services and procedures performed to OSHPD.
2. Category II CPT-4 codes (0001F—0011F), as a set of supplemental tracking codes for performance measurements, are optional and **not accepted** by OSHPD.
3. Category III CPT-4 codes (0001T—0074T), as a set of temporary codes for emergency technology, services and procedures, are required to be used instead of Category I unlisted codes when reporting to OSHPD.

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The following procedural codes are **not accepted** by OSHPD for reporting ED and AS records:

- CPT-4 codes, Category II (0001F-0011F)
- ICD-9-CM

**Criteria for Reporting**

For Ambulatory Surgery Data Record

Two criteria must be met:

1. Procedure is performed on an outpatient basis, and
2. Procedure is performed in one of these areas of a hospital or freestanding ambulatory surgery clinic: general operating rooms, ambulatory surgery rooms, endoscopy units, or cardiac catheterization laboratories.

If both criteria are met, then determine if the procedure is surgical in nature, carries a procedural risk, or carries an anesthetic risk. See **Determining Surgery, Procedural Risk, Anesthetic Risk** section below.

For Emergency Care Data Record:

If the procedure is performed in the Emergency Department, determine if the procedure is surgical in nature, carries a procedural risk, or carries an anesthetic risk. See **Determining Surgery, Procedural Risk, Anesthetic Risk** section below.

**For ED and AS:**

**Determining Surgery, Procedural Risk, Anesthetic Risk**

The definition of a significant procedure is one that is surgical in nature, or carries a procedural risk or carries an anesthetic risk. [With reference to the *Coding Clinic Guidelines for ICD-9-CM*, July – August 1985 and Fourth Quarter 1990, and the UHDDS published in the Federal Register, Volume 50, Number 147, July 31, 1985,] the following definitions are provided:

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(1) **Surgery** includes incision, excision, amputation, introduction, endoscopy repair, destruction, suture and manipulation.

(2) **Procedural risk** – This term refers to a professionally recognized risk that a given procedure may induce some functional impairment, injury, morbidity, or even death. This risk may arise from direct trauma, physiologic disturbances, interference with natural defense mechanisms, or exposure of the body to infection or other harmful agents.

Traumatic procedures are those that are invasive, including nonsurgical procedures that utilize cutdowns; cause tissue damage (e.g., irradiation); or introduce some toxic or noxious substance (e.g., caustic test reagents).

Physiologic risk is associated with the use of virtually any pharmacologic or physical agent that can affect homeostasis (e.g., those that alter fluid distribution, electrolyte balance, blood pressure levels, and stress or tolerance tests).

Any procedure in which it is obligatory (or usual) to utilize pre- or postmedications that are associated with physiologic or pharmacologic risk may be considered as having a “procedural risk,” for example, those that require heavy sedation or drugs selected for their systemic effects such as alteration of metabolism, blood pressure or cardiac function. Some of the procedures that include harmful exposures are those that can introduce bacteria into the bloodstream (e.g., cardiac catheterization), those capable of suppressing the immune system, those that can precipitate idiosyncratic reactions such as anaphylaxis after the use of contrast materials, and those involving substances with known systemic toxicity.

Long-life radioisotopes pose a special kind of exposure risk to other persons as well as to the patient. Thus, these substances require special precautionary measures and the procedures using them carry procedural risk.

(3) **Anesthetic risk** – Any procedure that either requires or is regularly performed under general anesthesia carries anesthetic risk, as do procedures under local, regional, or other forms of anesthesia that induce sufficient functional impairment necessitating special precautions to protect the patient from harm.

**Cancelled Procedures:**

If a procedure is begun but cannot be completed (similar to the description in CPT modifier 74), report the record to OSHPD showing the CPT procedure code. Code one of the V codes (V64) as Other Diagnosis to explain the reason for the incomplete procedure.

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If a procedure has not begun (similar to the description in CPT modifier 73), do not report the record to OSHPD.